

W
600
P451:
1858

PERKINGS

INSANITY IN ITS LEGAL RELATIONS

INSANITY
IN
ITS LEGAL RELATIONS.

BY
ROGER G. PERKINS, M.D.,

LECTURER ON MENTAL DISEASES AND PROFESSOR OF THE INSTITUTES OF MEDICINE, IN THE AMERICAN
COLLEGE OF MEDICAL SCIENCE.

23368

New-York:

PRINTED BY HENRY LUDWIG,
39 CENTRE-STREET.

1858.

THIS is the third article of the Series on Mental Diseases which has been published in the North American Journal of Homœopathy. As it contains matter of some interest to many who do not see the Journal; I have thought best to have a few extra copies struck off, for private distribution.

R. G. PERKINS, M.D.,

96, 4th Avenue.

INSANITY IN ITS LEGAL RELATIONS.

Perfect physical or mental health is, in the present state of civilization and refinement, extremely rare. We are the inheritors of too many ancestral iniquities, visited upon and abiding in the blood and brains of third and fourth generations, to be other than, nine-tenths of us at least, half sick continually. It is certain, man may be well enough for all practical purposes, and yet carry about, shut up in some part of him, a disease, latent so long as an exciting cause is wanting, but ready to rise with the strength of a giant and crush him into the grave. The pains and aches he has, however, here and there, in the courses of those warning sympathizers, the nerves, are such vague indicators of the seat of the morbid taints, as to furnish little excuse for laying down his burdens; and until the foe is wide awake and abroad, attacking and verily storming the citadel of life, daily duties and personal responsibilities must be continued by the individual, and are insisted on by society.

It may be that unhealthy minds are more common than unhealthy bodies; but *all* men whose minds are unhealthy are neither to be called, or treated as if *insane*.

It must have occurred to us all that it is too much the fashion of our day to consider men mentally irresponsible on very insufficient evidences. The daily employments, the pecuniary interests, the home surroundings, develop those mental faculties oftenest used, into an acuteness which eventually destroys the natural relations existing between them and other parts of the mind. In this way the mental balance is destroyed; the natural harmony becomes discord; and the power of many-sided contemplation, and of judgment is lost. Deprived of its integrity in the natural relations of its parts, the mind, as a totality, is tortured from its normal condition, and is, therefore, more or less diseased.

This amount of disease, however, is too common to fall within the popular definition of insanity; and cannot be considered as within the intention of that legislative enactment which provides immunity for acts committed during a state of mental ab-

erration. It would thus appear that a *degree of technical* mental unsoundness may exist, with *no interference* with the moral *responsibilities* of the man. For as nature will have it, there is no middle ground between health and disease, and a man must be either well, or not well—if not well, he is sick. There is thus need of the good sense of the physician to determine, not merely if a thorough equilibrium of all the mental faculties exist; but supposing it destroyed, to decide if the extent of the disease has produced a state of irresponsibility.

It is thought by many that a sort of arbitrary standard of mental health exists, up to which we must all come or be considered crazy. The labor of the psychological diagnostitian would be indeed infinitely less if such was really the case. Unfortunately, however, no such standard has been set up, nor can there ever be one. The fact is, men, in general, are no more agreed as to what constitutes soundness of mind than they are upon the constituents of true religion; and so long as this difference exists, it is in vain to expect a fixed standard. This is very proper. Insanity should be tried by no laws other than those found within each individual patient. The history of each one's mental life furnishes a standard for the judgment of all his subsequent acts. The question to be answered on all occasions is simply—Is the deed under inquisition, such a one as the previous history of the patient would show to be *natural* to *him*: if unnatural, are the motives sufficient to account for it; or must we look for a morbid element in explanation.

Manifestly that which is natural enough for one man may be furthest from naturalness in another. For instance, no one will consider it as proof, tending toward a commission of lunacy, that a certain woman, born and bred to the business, should take in gentlemen's washing; but if a fifth-avenue belle should propose a thing so contrary to the instincts of her nature, and so forbidden by the influences of her education, we should all tap our foreheads mysteriously, and be ready to swear her as crazy as king Lear. Again, I knew a fine old gentlemen, who has spent, as they say Louis Napoleon has, a good part of his life in searching for the philosopher's stone. However *foolish* he may be, he is certainly not *crazy*; but if a certain professor of chemistry, should waste his time in the same manner, the world would pronounce him insane without benefit of clergy. The

education of the one renders *unnatural* for *him* what the absence of it has rendered *natural* for the *other*. The views of the said professor may be as erroneous as to vital dynamics, as the dreams of my patient were foolish as to the philosopher's stone; and yet neither be crazy, while both are mistaken.

For the guidance of the physician, the best psychologists have laid down certain conditions, which, being present, must at once place men beyond the reach of punishment; relieve them from contracts; deprive them of the power of testamentary dispositions, and take from them the management of their own estates.

The first of these conditions, which we shall consider, is *delusion*.

The unmistakable presence of this condition is the most positive proof of such mental derangement as involves irresponsibility. It is *not required* to show the *logical connection* between the *delusion* and the *deed* to render the latter invalid; and this is the point of extreme importance. The *delusion* may be related to the sun in heaven, while the *deed* may be connected with the wife of one's bosom; and hence there be no logical sequence, still the *presence* of the delusion is sufficient to exculpate the deed.

I cannot do better than quote in this connection an extract from the Medical Jurisprudence of Dr. Ray of Rhode Island; nor can I permit this opportunity to pass without paying my tribute to his acknowledged genius and extensive learning. No man living or dead has done so much toward a thorough understanding of the legal relations of insanity as has Dr. Ray in the work from which I am about to quote. I am very happy in being able to count myself among the pupils of the author of a book so scientific, philosophical, and consistent. Dr. Ray is no mere bookmaker; he believes what he writes, and writes what he believes. He is neither an enthusiast, nor a penny-a-liner, but has a calm philosophical spirit, and a strong desire to speak truthfully and well. His book has been cited as authority in all the more important cases, since its publication, in Europe or America.

In regard to the condition of the mind of the patient, during the existence of a delusion, Dr. Ray says: "It is a fact which every one much conversant with the insane must have recog-

nized, that their mental operations are marked by a kind of confusion that finds its analogy only in dreaming. And this is the case, not only with the wild and raving, but to a degree with those whose insanity is apparently confined within a narrow circle, and who would not be readily recognized as insane by the world at large. In dreaming and in insanity there is the same firm conviction of the reality of false impressions, the same patches of coherence and consistency; the same embroilment of the thoughts; the same absurdity of the conclusions; and on recovery, the patient often feels as if just awoke from a dream, wondering how he could have had such thoughts, and done such acts." A case is then cited as having occurred under the observation of this author, of a man who held to the delusion of the infidelity of his wife. His conduct was calm and his manner quiet, and he willingly busied himself, with the greatest intelligence and reason, with what he found to do about him. Even the professed psychologist was puzzled during the period he waited for a history of the case, to find any proof of insanity. On the recovery of the patient, all the things which he thought he saw in proof of his wife's guilt, appeared to him like a dream; and he could give no other account of them. To consider this man accountable for any act committed during this state of mind is reprehensible in the extreme; *whether the deed be connected with the delusion as logical sequence or not.*

In following out this train of thought, it may be said, the presence of a single delusion, that is, one thoroughly uncomplicated with other insane manifestations, is very rare. There is almost always a hidden connection with other trains of thought, and though this connection may not at first be evident to the observer, some event which exhibits it, is pretty sure to happen during the course of the disease. As is well understood, in physical disease, we often have but one prominent symptom of any considerable importance, and yet the patient may have an organic, and perhaps incurable disease; so also, in mental unsoundness the mind may exhibit its weakness, in but one direction, and yet be diseased in many others. It is only required to consider the intimate relations normally existing between the mental faculties, to appreciate the active sympathies between those diseased and those seemingly healthy. So certain are we of these close sympathies of the mental faculties, that the term

mono-mania seems to be ill-used, and to represent a state of mind rarely, if ever, existing. I am free to confess that out of our 2000 insane, who have been the objects of my particular study, I have never seen a case in which but *one* mental faculty was involved in the disease.

Here now is the proper place to indicate the difference between delusion and *error of judgment*. There is danger of confounding delusion with *eccentric belief*. Manifestly two men, both in their sober senses, may believe precisely opposite theories: and it may be each shall consider the other crazy, from the simple fact of the disagreement. But every thing, whether in form or in idea, submitted to the contemplation of man, possesses the elements of both truth and falsehood. It is impossible to make any statement (outside of the pure mathematics) which is thoroughly untrue from every point of view. The imagination of the reader may make to itself any proposition, and no matter how contradictory the first statement may appear, close attention will discover somewhat of truth contained in it. Take for instance the following—the chair in which I sit, is upon the opposite side of the table; there is nothing which seems to admit of two interpretations less than this; and yet there is certainly an essential element of both truth and falsehood in it. To *me* the proposition is false; to my friend on the *other side* it is true. His *position* makes it true to *him*. Now then, as the statement which my physical position renders false to me is rendered true to my friend in his physical position; so that *belief* which my mental conformation renders *false to me*, may be, by my *friend's* mental conformation rendered *true to him*.

Delusion may be defined as a diseased apprehension of the relations of things; this diseased apprehension giving foundation to a *fixed* false belief.

It is necessary in all cases for the physician to determine from the previous history of the case if the belief held by the person under inquisition is *natural to him* or the result of *disease*.

In the diagnosis between delusion and eccentric belief it is to be borne in mind, first, that all men are considered, (both by law and common-sense,) *sane*, who are born into the world neither imbecile nor idiotic. He on whose *inborn* mentality *disease* has made no impression, is accountable for his acts, however low may be the mental or moral status which God has as-

signed him. If a man is born with propensities to evil, it is his misfortune, doubtless; but society must and does protect itself against the unhappy results of such mental conformation, by means of penal contingencies. In the eye of the law, deficient moral organization, although perhaps at the foundation of almost all crime, is no excuse for its commission. Errors of education are also inadmissible as extenuating circumstances, and even impending starvation will procure no man immunity for the theft of bread. There must be a *morbid change*, and this change discovered by *contrast* with the mental *past life* of the *individual* before the plea of mental irresponsibility can be successfully plead on the ground of insanity.

To exhibit more plainly the true nature of delusion it is deemed proper to cite the following case: the only one I shall refer to in this connection, as want of space forbids the multiplication of instances.

An old lady, who, residing in the upper part of the city, has a life-interest in a large estate, was the subject of legal inquiry as to her capacity to manage her own affairs. As her personal income was rising \$15,000, and as she was supposed to be under the influence of a designing person, her heirs apparent instituted a "*commissio de lunatico inquirendo*." The ground taken by the relatives was that a *delusion* existed: and on this account they desired the court to appoint a receiver, and guardian of her property; out of whose hands, of course, she was to receive her necessary expenses. I was requested to visit the old gentlewoman professionally, and did so. In the five interviews had with her, there appeared insufficient evidences of delusion, and I so testified in court. The case, however, in its details, is perhaps more instructive than if the delusion had really existed. It seems that, born before the revolution, the old lady was a girl at the proclamation of peace, and tells many things which occurred during those stirring times, when the perceptions of all ages, and of both sexes, may be supposed to have been unusually active. Among other incidents, she says, that one evening, while the British occupied New-York, General Washington was at a ball in Beekman-st.—that she was there and saw him—that his attention was attracted to her from a bird-cage she had in her hand—that the ladies of the city were presenting the general with a piece of tapestry—and that in the midst of the

festivities of the occasion—she, looking out of the window, discovered the enemy approaching with a view to the capture of Washington, and that she hurriedly informed the general of the fact; and led the way immediately to a hidden cave, in the neighborhood, in which she kept him concealed for four days. That, finally, through some indiscretion on her part, the general was taken prisoner by the British, who kept him a little while, and then sent him home with a new suit of clothes.

This statement made by Mrs. — was considered evidence of *delusion* by two medical men; and as the presence of delusion is proof of insanity, and therefore of mental incapacity, they testified to this opinion. Five other medical men took a different view of the case. While allowing the statement to be contemptibly false, they were *not* convinced it was a *delusion*. During my own examination before the court—I was requested to give a definition of delusion, as free from technicalities as possible. The following ensued.

“Delusion is a *fixed idea or belief* as to something, which, if the reflecting and reasoning faculties were in their *natural* state of health would seem untrue.”

“What is the difference between delusions and hallucinations?”

“Delusions are misapprehensions of the *relations* of things; while hallucinations are misapprehensions of *form* and *conditions*.”

“Has Mrs. — either the one or the other? Is or is not the story of Washington evidence of delusion or hallucination?” “It is evidence of neither.”

“Why do you think it not a delusion?”

Because the *possible* parts of the story, in which I think she believes, I have no means of disproving; and the impossible parts of it *she knows to be false*, and has therefore no insane *belief* in regard to them.

“Does delusion depend on insane belief?” “Yes.”—

“Why do you think Mrs. — does *not believe* in the *impossible* parts of this story?”

“Because when her attention is called to the *impossible* parts of the story she *corrects* herself in many things, *denies others*, and *excuses* the remainder. If this were a *fixed belief* on her part, she would do no such thing; but would insist, with all the more pertinacity, the more she was doubted or interrogated.”—

"How then do you account for the story?"

"Simply thus, the old lady, whose memory, as is apt to be the case with old persons, is somewhat weak, has confused certain facts which occurred in connection with the capture of a minister in Stamford, while she was living there, before her arrival in New-York, with certain other facts, which occurred in connection with General Washington, while she was living in Beekman-st., about the time of the evacuation of the city. In *these facts she believes*; but on to them she has woven a tissue of *falsehood*, which she *does not believe*. She was naturally led to tell this story, by the love of, and desire to attract attention to herself, and as garrulous old women often do, has made herself out of much more importance than the facts will warrant; and now clings to her first statement on *most* occasions for *fear of being caught in her lie*. This is, moreover, just such a lie, as an uneducated old woman is most likely to make up: and there is scarcely an old woman, who lived during the revolution, who has not done some great deed, by which the life of General Washington was saved; if you may believe her own story. To render the absence of insane belief a certainty in this case, I have her own words, in a moment of unusual garrulousness and confidence, to the effect, that she regretted ever having mentioned the story—that it was not true, and that she was ashamed of ever having told it."

The jury, not having been satisfied of the existence of insane and delusive belief—Mrs. ——— was permitted to remain in the possession of her estate.

Although wishing to render this paper as short as possible, as space in this journal is more or less limited, I cannot leave the subject of delusion, without reference to *insane suspicion* and *insane prejudice*; the first of which is often the cause of homicide, and the second of which is frequently productive of great injustice in testamentary dispositions.

It has often been a matter of some wonderment that delusions of *suspicion* should be so *common* among the insane. Their presence has become, as it were, so much a matter of course; that being called on to examine a patient, the first question is almost always: "Do you think any one is trying to do you any injury?" and the reply is quite likely to be a detailed statement of some conspiracy which the diseased imagination has

proved to itself from the most trifling and insufficient premises. As is easily seen, this form of delusion must often lead to homicide.

A patient, since happily recovered, believing his wife was intending to poison him, attempted to play Othello to her Desdemona. As the would-be Othello was somewhat weakened by disease, the resisting Desdemona was the stronger of the two. The husband foiled in his attempt on the life of his wife, ran to the cradle, and seizing the infant, carried it to the open window, and held it out at arm's length, threatening to dash its brains out, unless the mother promised to remain silent as to his homicidal attempt upon herself. She promised, and he soon after became calm. I gave this man repeated doses of brandy followed them with Opium and Nux, and he seemed well in a week, and has remained at his business ever since. The man had never been intemperate. Brandy seemed indicated from the *totality* of the symptoms. It was preferred to other diffusable stimulants, on account of its specific qualities. As this attack had lasted only a week, and as the fact of the man's illness had been imparted only to his nearest friends, and as the patient recovered a week after the event recorded, there must have been difficulty in sustaining a plea of insanity, in case the crazy man had thrown the child from the window; in the paroxysm above referred to: there is, however, no doubt of disease in this case, as a more kindly and amiable man is hardly to be met with, than he, when in good health.

Well-informed criminals are aware of the immunity furnished by delusion, and sometimes simulate it. Against those the physician must be upon his guard. These people, however, commonly *overdo* the matter. They are, generally, so very anxious to appear crazy, that resorts proving perfect sanity, are discovered. They are induced to add an element of mania to the delusion; which is apt to be much more violent than natural; and cannot therefore be continued long without such physical exhaustion as betrays the attempted fraud. Simulated *delusion* alone is only found among those who have studied insanity with a good deal of care: the popular idea of a crazy man, being, one who *raves*. The quiet delusion is hardly considered sufficiently impressive to attract attention; and those intending to deceive, try a more violent form of insanity, to make their pretended disease the more manifest.

Insane prejudice is a lower form of delusion than those mentioned above, but when existing, equally indicative of mental disease. The most perfect example of it is found in Shakspeare's *Lear*. The changed feelings of the aged monarch toward Cordelia are a fine specimen of this form of disease. I apprehend this is much more common among old people than is supposed. If thoroughly proved, it should be sufficient to break a will, made under its influence. Its existence on the part of a husband sometimes begets inhuman treatment of a wife. All the woman may do under these circumstances often avails little toward convincing the husband of his error. It may be, however, that while the continued love and duty of the wife are acknowledged, the husband finds himself thoroughly incompetent to overcome his repugnance, and is unjust and overbearing, causing much misery, and sometimes procuring a separation. If insane prejudice is allowed to continue it may end in delusion. This state of mind is apt to follow upon that excessive love and devotion, which causes both parties to seek the society of each other too continuously. Not only is an opportunity thus given to find out the weakness of each other, but there is such an interchange of magnetism, so to speak, that both become either positive or negative, as the case may be, and a moral repulsion is the result. The remedy is very simple, and will at once suggest itself. Really intelligent people understand this, and unconsciously take precautions against its occurrence. One is naturally reminded, in this connection, of the character of school-day intimacies. Two boys or girls walk for weeks, with arms about one another, hardly happy, when separate. Presently each has changed his mate, from most trifling cause: but in a month more the original pair come together again, in great wonder how they could have quarreled. We do not wish to be understood as asserting this to be always a diseased condition. But fixed delusion is sometimes engrafted upon it.

The next mental condition, which when present, involves irresponsibility, is *morbid exaltation*. Its most marked symptoms are included under the head of *acute mania* in a preceding article. Acts committed during the ordinary acute mania are hardly ever the subject of *extended* legal inquiry. The disease is under these circumstances so apparent, that grand-juries find

no indictment, and the unfortunate lunatic is quietly sent to an asylum on the oath of two physicians.

But by far the most important, least understood, and difficult in diagnosis, of all the forms of morbid exaltation is what is called the *homicidal impulse*. Several cases of this kind are on record. They are all deeply interesting, but none more so than the following. A woman presented herself at the "Central Homœopathic Dispensary" last summer who confessed, with tears and hysterical sobs, to an irresistible impulse to kill her child. ¶ She had been recently confined, (I believe about a month previously,) and had been as she expressed herself exceedingly nervous ever since. She had had but small appetite, but little sleep, hardly any milk, and was in a constant nervous tremor, while describing her distressing and unnatural condition. She told me she had been compelled to run with her child in her arms, into the house of a neighbor, and throwing the child on the bed, to rush distractedly into the street, for fear of yielding to the horrid impulse which prompted her. But little idea can be formed of her extreme distress. She wrung her hands and cried most piteously, mingling her sad entreaties for relief with hysterical tears and sobs. Although in a state of extreme nervous *erythismus*, there seemed to be present no delusion or hallucination. The woman was mentally well in all respects, save in the direction of this unnatural impulse. In this case the *erythismus* was so marked, that had the patient been unable to resist the homicidal impulse, there would have been but little difficulty in convincing a grand jury of her unaccountability: but cases occur in which the insane impulse comes on so suddenly and irresistibly, and passes over so immediately after the accomplishment of the bloody deed, there is the greatest conceivable difficulty in diagnosis. •

Supposing ourselves called to the psychological investigation of a case in which this form of disease is set up as ground of irresponsibility—the first step is to inquire into the previous character of the accused. We should then bear in mind that certain physical symptoms are to be expected antecedent to the outbreak. These physical symptoms are as follows. There is apt to be an unpleasant feeling at the pit of the stomach, a short shuddering through the body; the tongue may be loaded; the stomach acid; burning heat may be felt throughout the ab

domen; there may also be thirst and constipation. Not long after may come a buzzing or singing in the ears, a fullness in the head, and of the vessels of the face and neck. Soon the general bodily excitement extends to the brain, and at this moment arises the blind impulse to commit murder, suicide, theft, arson, or some other outrageous act. No one who has seen and studied many cases of *epilepsy*, can fail to discover how much the antecedent symptoms to one of those attacks resemble the ones cited above as premonitory of the insane impulse. In fact it is a matter of little question if this insane impulse may not be one of the forms of epilepsy.

It must not be forgotten that in choleric men a sudden fit of violent passion is sometimes preceded by some of the symptoms above enumerated; and care must be observed lest we confuse an ebullition of rage with this diseased condition. A study of the *motives*, or *provoking* circumstances, will materially assist our diagnosis. To understand the insane impulse more clearly, we shall consider the results upon the mentality of repeated *epileptic* attacks, at this stage of our subject, rather than further on, as at first intended. If we consider the insane impulse as one of the forms of epilepsy, we find there are *three*, viz.: this insane impulse just described: a form in which the reflex system of nerves is *primarily* and *principally* involved, and one in which there are few symptoms of spinal involvement; the diseased manifestations being confined to the brain alone. This last, which is known among French writers as "*la petite mal*," is the most serious in its results upon the mind, and is the more dangerous from its insidious approach.

The popular idea of epilepsy is, like the popular idea of insanity, one which supposes a degree of violence in all cases, which is in fact only found in a small number. Those who have made the disease a study, attach much less importance to the mere fact of the convulsions, than to the loss of *consciousness*. The one involves spinal irritation and may occur in hysteria, or from indigestion; the other is dependent on a *cerebral irritation*, which though sometimes sympathetic with the reflex system (of Marshall Hall,) may be and often is idiopathic, or connected with a thorough poisoning of the "*fons et origo*" of the nervous influence. "*LE PETIT MAL*," which is, as before indicated, by far the worst form of epilepsy, is the most quiet, and is not con-

nected with more convulsive movements than simple manual tremors, which last but a few seconds. It is seldom preceded by very marked premonitions. Not long since an opportunity was afforded me of observing and carefully noting the symptoms of one of these attacks, and the case will be found below. This case is selected from others, because well marked, and freshest in memory.

The patient was engaged in earnest conversation, when suddenly he ceased to speak; a change came over his features; his eyes became fixed; his mind seemed paralyzed; he became pale, and a silly smile played about his mouth. He presently recovered himself, took a long breath, and with a wondering exclamation attempted to resume the conversation. He succeeded, and in a few minutes the mind gradually came up to its usual activity. This was a *mild* but very *distinct* attack. This patient does not always recover so easily and immediately, but is apt to lapse into silence and dullness, acknowledging himself ill.

Hardly anything is more certain to finally destroy the intellect than this "*petit mal*." It strikes directly at the *cerebral centre*, and is followed after a while by paralysis. Dr. Marshall Hall, who kindly took pains to describe to me the nature and course of this disease, considered it more frequent than is generally supposed. He believed it to be often the foundation of mania and dementia. Legal cases are of likely occurrence, in which much aid in the diagnosis may be gained from a course of inquiries in this direction.

The form of epilepsy in which, though there is a loss of consciousness as in "*le petit mal*," the disease instead of spending its whole force upon the brain, is diverted, in some measure, upon the reflex system, is the one to which is attached the popular idea. It leaves behind its paroxysms, a state of stupor followed by morbid exaltation. In this condition the patient is entirely unaccountable for his acts, but when recovered, he may resume his usual business until the advent of another paroxysm.

The fact that a man is subject to epilepsy, must of course go a great way toward proving him unaccountable for any unusual act; but that this plea should stand with a jury, or with scientific men, the length of time since the last paroxysm, and the general condition of the patient between previous attacks, are the influential points to be considered.

The most unimportant form of epilepsy is the simple convulsion, in which there is no loss of consciousness; this we find in children and hysterical young women. Convulsions occurring in children, caused by worms, or indigestion, may of course assume the form of the higher epilepsies; but the loss of consciousness in these cases is not so complete as would appear. The loss of consciousness is the only fact of direct psychological interest, and when this symptom is not present, the convulsion cannot be classed among the psychopathies.

The other forms of mental exaltation which are frequent subjects of legal inquiry, are comprised under the names *pyromania*, an irresistible propensity to incendiarism; *kleptomania*, an insane propensity to steal; *erotomania*, insane love; *nymphomania* or *satyriasis*, a term well understood, and a disease which may perhaps underlie many cases of rape, as well as be the frequent cause of prostitution. When called to the psychological investigation of cases purporting to belong to either of these forms, the physician is to be governed by the rules laid down above for the discovery of delusion. Evidences of a *morbid change* are to be sought for, and if not discovered, the plea of mental disease cannot be sustained.

For the discovery of a form of mental exaltation quite common, and of which the case of G. H. (in a preceding article) is a fair instance, the most profound knowledge of psychopathy, and the most careful study, as well as a natural power of delicate mental analysis is necessary.

As this state of mental exaltation is frequently found alternated with a morbid depression, the two states will be considered together. The French have given to this form the name "*folie circulaire*." The elder Falret first described it in a course of clinical lectures delivered at La Salpêtrière in the year 1844. Ten years after, M. Baillarger read a paper on the subject, claiming priority of observation. I have seen some six cases, each differing from the rest in the character of the paroxysms, but all bearing a strong resemblance in their periodicity and general peculiarities. The description of M. Falret is so pointed, and so well represents the cases I have seen, I subjoin an extract from his memoir read before the French Academy soon after that of M. Baillarger. "With a certain class of the insane, mania and melancholia (exaltation and depression) occur

in continuity, and in a succession quite regular. This fact has induced us to establish a form of insanity, which we call *folie circulaire*." The unhappy subjects are constantly liable, even to the end of life, to this succession, with but short intervals. Nor are the symptoms so striking as in mania and melancholia proper. It is not incoherence of ideas, as in mania, but *simple* maniacal *excitement*, or *extreme activity* of the *faculties*, with constant *restlessness* and disordered actions. It is not the lesions of *intelligence* and the prevalence of *delusions* as in melancholia, but physical and moral depression of the faculties. This form of disease is less curable than either of the forms which together constitute it, when met with alone. Up to the time when M. Falret's paper was read, the author had made no cures, nor a single lasting amelioration. The length of time the paroxysm, whether of exaltation or depression, may continue, differs in individual cases. There seems to be a period between the attacks, during which there is a degree of the usual mental health. In the recognized forms of intermittent insanity, this is certainly true, though as in cases of fever and ague the disease is still in the system, and is sure to show itself externally when the proper time for the paroxysm arrives. "*Folie circulaire*" follows the same law in this respect as intermittent insanity, and a patient who has signed a deed or contract on an occasion *between* the paroxysms of the disease, must be considered bound by it. The question in these cases is as to the lucid interval; and it is proved to exist or not, by the mental manifestations, in other directions, on the day the instrument was signed, and by the previous history of the case. The physician should ascertain what time the lucid interval may be expected, and how long it has usually lasted. It is easy to see that exceedingly interesting civil cases may hinge on this point. A man, as was once actually the case, may see fit to dispose of some of his real estate for an amount which seems a proper estimate of its value. Subsequent events increase the value of the property he has contracted to deliver, and his friends refuse to allow the fulfilment of the contract. A suit is brought, and on the side of the contractor, the plea is instituted that when the contract was entered into, he, the contractor, was under the influence of mental disease. Testimony to be decisive in such a case, must bear upon the nature of the attack, the period of interval, and the

character of the other acts performed on the day the contract was signed. In the case referred to, it was proved that at the time of contract, the patient *should*, according to the previous history of his case, have been in a *lucid* interval, and as none of the acts cited as having been done on the same day were considered insane, and as the amount accepted for the land was about its market value when sold, the Court sustained the contract.

It is to be understood the lucid interval occurring in "*la folie circulaire*," and with reference to which the above case is mentioned, takes place between *paroxysms*, and *not* between the two *phases* of mental disturbance, which, when taken together, properly constitute the attack. Of course the mind in its passage from extreme depression to extraordinary exaltation, must, if it passes slowly, be at one time during its course in a condition nearly healthy. M. Falret, however, is quite determined that nothing which can be properly called a lucid interval has been known to take place between the mania and melancholia which go together to make up a paroxysm. The true lucid interval is doubtless found as above indicated, when after passing through the two forms of depression and exaltation, the diseased influence seems to suspend its action and a state of mental health is temporarily established. The state of mental health is proved by its similarity to the reported previous mental condition of the patient.

Delusions and hallucinations are not generally present in "*folie circulaire*." The nearest approach to the former seems to be a settled prejudice against the patient's own family and friends. I remember one case, however, in which a virgin imagined herself pregnant during the period of depression; during the period of exaltation she acknowledged the delusion with many blushes.

The physical health is almost always affected, and sometimes seriously so, during the period of depression. Dyspepsia, sleeplessness, and neuralgia are frequently present. Quite the contrary, however, is true of the period of exaltation; the powers of the vitality are so highly excited, that an unusual condition of health is induced, and it often happens that chronic disease of long standing, such as paralysis, indigestion, &c., disappear during this stage of the mental derangement.

A lady, who had been suffering from a contraction of the

tendons of the flexors of the right hand for several years, so far recovered their use as to be able to write letters, to sew, and to knit, during her exaltation.

A young lady who had endured for five years a catarrh of extremely offensive character, intensely annoying to herself and friends, became gradually better during the approach of the stage of exaltation, and perfectly well at the climax of excitement. The *disease re-appeared* on the recurrence of the *lucid* interval. I cured this catarrh during one of the lucid intervals with Silicea, with the result of bringing on the exaltation much earlier and more violent than usual. Patient is now *mentally* well, but still affected with the disease of the nasal passages.

The testamentary capacity of old men is sometimes impugned by interested parties, on the ground of *senile dementia*. The main difficulty in these cases rests in the necessity of distinguishing the *natural* decay of the mental faculties from the *unnatural change* incident upon *disease*. The *first* takes place in accordance with a natural law of man's existence, and is not owing to any *external* cause. The second is the result of morbid influence, and comes within the limit of the statute made for the protection of all concerned. The difficulty of distinguishing these two conditions is the greater when found together in the same case, as often happens. Our study should be directed mainly to the former mental habit, and the history of the manifestations now present, with particular relation to the suddenness of their appearance, and their exciting cause. This, however, is not sufficient to decide the matter. Not only are we to inform ourselves of the *former* natural condition of the mind under inquest, but also of the *natural changes most likely to occur* from *age*, upon a mind so constituted. The *probable natural* change thus *inferred*, compared with the *real* change before us, constitutes the grounds of the diagnosis. It would seem certainly unjust to class all the manifestations of an intellect failing from *age* among evidences of insanity; hence the necessity of a philosophical distinction between the derangements of disease and the decay of nature. In some of our States there is a law providing for the guardianship, and trusteeship of the property, of those incompetent from old age. In those States where no such law exists, the deficiency is no fault of the physician, and it is not his duty to torture scientific *fact* for the accomplishment of a result however desirable.

A common mistake among lawyers, is to consider *all* forms of mental disease occurring among the aged as *senile dementia*, thus allowing more importance to the time of life than to the symptoms of the disease. Old men may be the subjects of other forms of insanity. I have seen mania of high activity, and delusions of an intensity quite incompatible with dementia, at very advanced age. A lawyer, and perhaps more than one has failed to prove his case, because classing manifestations really insane under the head of dementia, which no intelligent jury could admit within a scientific definition of that term.

There is, as every one knows, a *loss of memory* which when *unrecognized* by the *patient* constitutes disease. Memory being one of the mental faculties, its impairment involves mental derangement; unless the external relations to the world are preserved by a *sense of the weakness* in this direction, and a consequent constant effort to obviate its results. The mental equilibrium is thus maintained, the weakness of the memory is compensated by the strength of the reason. Business men of short memories are not insane, because aware of their deficiency, they guard against its effects by means of memoranda.

It is not uncommon for lawyers to examine witnesses very particularly on this point, and it thus requires a good deal of attention.

There exists a *moral* as well as an intellectual insanity. The passions and emotions are as much a part of the mentality as are the imagination and the reason. In most uneducated people these last are less cultivated than the first, and a preponderance in the emotional part of their natures is a predisposing cause to moral diseases. Morbid influences may cause as tumultuous riot among the passions of the human heart as amid the workings of the human reason; and it is extremely unphilosophical to ignore this fact. Whether the plea of moral insanity is used, as may be also the plea of intellectual disease, by people whose natural or developed *depravity* has brought them into trouble, is a question with which we have but little to do. It is for the medical witness to apply the proper means of diagnosis to the case in hand, and for him to determine, if the accused is really sick or simply wicked.

In following out this theme, it is evident the moral change occurring from a morbid cause, may be either from bad to good

—good to bad—or bad to worse. As instance of the first, I remember an old sea-captain, who, when in his healthy and natural state was most passionate, overbearing, unreasonable and avaricious. He was known among his employers and friends as a “hard man,” with no milk of human kindness in his heart. Suddenly he “met with a change.” He became as civil as he was before disagreeable. Never before known to be just, he suddenly became generous. His passions were changed to amiables, and the church seemed about to receive a new supporting pillar in his bulky person. The fisher of whales was about to become a fisher of men, and the people were all glad of it. There sprang up quite a breeze of enthusiasm, by which, this and other “brands snatched from the burning,” were fanned into a flame of ardent zeal. But the end was not yet. The old gentleman had a vertigo one day, which frightened him into a box of cathartic pills, (saints preserve us!) and severe hæmorrhoids ensued, which took the place of the *ulcer* he had too *suddenly* and *imprudently* healed with topical applications a few months before. The occurrence of the hæmorrhoids relieved the nervous system, the *natural* state of my eccentric acquaintance was re-established, and he became as bad as ever, to the great disgust of all who knew him, myself among the number.

As instance of a change from good to bad, I knew a young man of good mind and excellent accomplishment, who was, when in his natural state, very fond of beauty in all its forms, and was very amiable and inoffensive. After some business disappointment he became moody for a while, and presently had occasional passionate outbursts, and for the first time in his life whipped his astonished dog and horse most unmercifully. I called on him one day, and found him in his father’s garden striking off the heads of the flowers with his walking-stick, with a vindictive and earnest industry which must have startled any observer. The reason for this strange conduct was, that he “didn’t like to see the damned things.” “It was no business of mine, if he chose to spoil the garden.” “I’d better be quiet,” &c., &c. Presently the poor fellow began to shed tears, said he felt sick and tired of the world, begged I would excuse him and sauntered away. During this illness which lasted nearly four months, he procured the most poignant unhappiness of a newly married couple by his ill-designed slanders, and when

compelled to confess his falsehood, did it in such a manner as to leave its sting behind.

Moral insanity exhibited by a change from bad to worse, is perhaps common enough, but extremely difficult of diagnosis. Public opinion is always against the success of this plea, and we may err on the safe side, perhaps, when agreeing with the popular mind in at least this one of its conclusions or prejudices. There is a *natural* growth in wickedness. Immorality may become hypertrophied as may the arm of the blacksmith by continued and unrestrained use.

The case of a notorious forger has recently been the subject of much public interest, from the plea of moral insanity connected with his defence. The jury decided against the plea in this instance, and from the testimony adduced, we cannot see how they could have done otherwise. There was, however, one point which Huntington's lawyer seems to have lost sight of, and to which a good deal of interest attaches. The defence proved the repercussion of a cutaneous disease of the scalp, during the childhood of the prisoner. Now if it could have been proved that previous to the disappearance of this eruption, the child Huntington had been, like other children, mild, gentle, obedient, and generally harmless, and that subsequently he became wicked and ungovernable, a very fair question of accountability might have arisen. The inquiry in this case would have been, how far the diseased action on the scalp had permanently affected the brain beneath.

When, however, we consider that no such point was made, we must agree with the verdict. The wild excitement engendered by the success of reckless endeavor, finds natural outlet in careless expenditure, and in the exaltation attendant on sudden transition from poverty to wealth, from anxious hope to full fruition, excesses are natural, and headlong folly is the law.

We have thus finished what the occasion seems to demand. The importance of the subject is, of course, very apparent, and fully justifies the space taken for its consideration.

The fourth article of this series will appear in a short time. In it we shall speak of the treatment of the insane.

R. G. PERKINS, M.D.

INSANITY

IN

ITS LEGAL RELATIONS.

BY

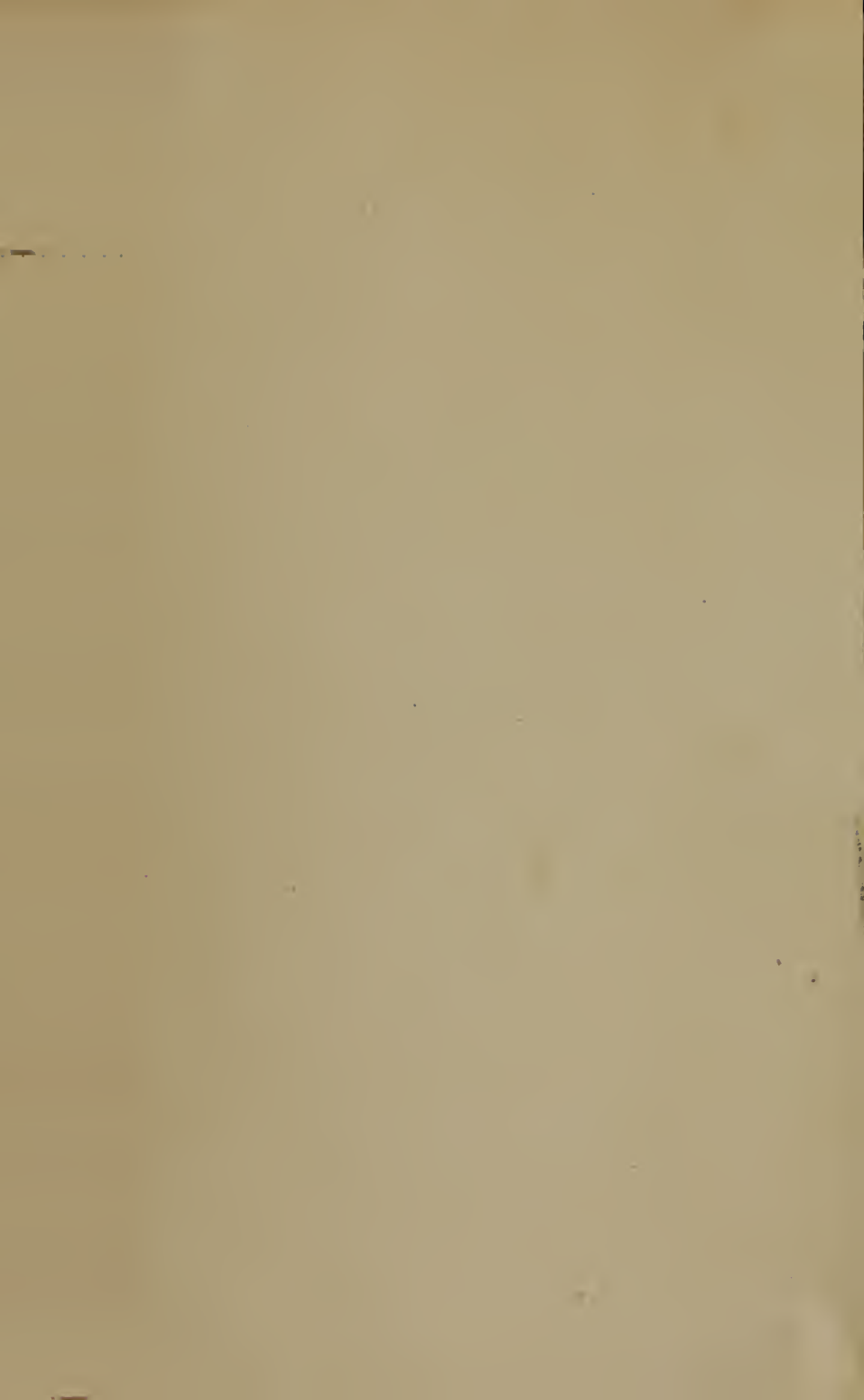
ROGER G. PERKINS, M.D.,

LECTURER ON MENTAL DISEASES AND PROFESSOR OF THE INSTITUTES OF MEDICINE, IN THE AMERICAN
COLLEGE OF MEDICAL SCIENCE.

New-York:

PRINTED BY HENRY LUDWIG,
39 CENTRE-STREET.

1858.





Surgeon General's Office

LIBRARY

ANNEX

Gordon,

No. 23368

